

EXHIBIT B

**OAKLAND COUNTY TAX FORECLOSURE
SURPLUS PROCEEDS CLAIM FORM**

SEND TO:

Simpluris, Inc.

P.O. Box 26170

Santa Ana, CA 92799

A postage paid, addressed envelope is enclosed.

MUST BE POSTMARKED NO LATER THAN _____

You may be eligible to receive a cash payment if your property was foreclosed by Oakland County and sold at a tax auction from 2009 through 2019 and the tax auction produced surplus proceeds.

INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM

1. Please provide all the requested information below in the designated sections.
2. In order for your claim to be considered, you must have been an owner of the real estate at the time of foreclosure, you must sign the claim form and include a copy of your driver's license or other government issued identification, and mail it to the address above, postmarked no later than _____. A prepaid, addressed envelope is enclosed.
3. If you are submitting this claim on behalf of a decedent, the person submitting the claim must be a beneficiary or heir of the deceased person. A payment will only be made to the decedent's estate. See further instructions below.
4. If the property was owned by a trust, a Certificate of Trust must be enclosed.

By submission of this claim form, you are consenting to the disclosure of your information for use by the Claims Administrator in the claims administration process. The information you provide will be used solely to investigate and process your claim. It will not be used for any other purpose. **Your claim will be rejected if it is not signed and postmarked by _____ along with a copy of your ID.** Do not mail your claim to the Court.

1. YOUR INFORMATION.

First Name:	
Middle Initial:	
Last Name:	
Social Security Number/Tax ID:	
Current Street Address:	
Current City:	
Current State:	
Current Zip Code:	
Phone Number:	
Email Address:	

2. PROPERTY THAT WAS FORECLOSED.

Street Address:	
City:	
Zip Code:	
Parcel/Tax ID number (if known):	
Year of Tax Foreclosure:	

3. IF YOU MAKE A VALID CLAIM AND THE FORECLOSURE RECORDS SHOW ADDITIONAL PERSONS HAD AN OWNERSHIP INTEREST IN THE REAL PROPERTY AT THE TIME OF FORECLOSURE, THE CLAIM WILL BE PAID TO ALL PARTIES.

4. PAYMENTS WILL BE REPORTED TO THE INTERNAL REVENUE SERVICE.

5. IF YOU ARE MAKING THIS CLAIM ON BEHALF OF A DECEDENT, YOU MUST BE A BENEFICIARY OR HEIR OF THE DECEDENT. PLEASE STATE:

What is the decedent's name?	
What is your name?	
What is your relationship to the decedent?	
Date of death	

If an estate has been opened in probate court on behalf of the decedent, **attach a certified copy of the Letters of Authority issued by the probate court**

If no estate has been opened in probate court on behalf of the decedent, **you must open an estate in probate court and provide a certified copy of Letters of Authority for the estate** in order to be eligible for payment. You must mail a certified copy of the Letters of Authority, postmarked no later than _____. Any payment will be made only to the estate of the deceased person and not to estate beneficiaries.

VERIFICATION AND SIGNATURE

I affirm under the laws of the United States and the laws of my state of residence that the information supplied in this claim is true and correct to the best of my knowledge and that this claim was executed on the date set forth below.

I understand that I may be asked to provide supplemental information to the Claims Administrator before my claim will be considered.

Signature:
Dated:
Print Name:
Title (if signing on behalf of a business entity):